MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

APPLICANT(S)

FILING DATE

10/537002

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52				1		
3				1			53				1		
4				2			54				2		
5				2			55				2		
6				1			56				1		
7			1				57			1			
8				1			58				1		
9				3			59				1		
10			1				60				1		
11				1			61			1			
12				1			62				1		
13				1			63				1		
14				1			64			1			
15				1			65				1		
16				1			66				1		
17				1			67				1		
18				1			68				1		
19				1			69			1			
20				1			70				1		
21				1			71				1		
22				1			72				1		
23				1			73			1			
24				1			74			1			
25				1			75				2		
26				1			76				2		
27				1			77				2		
28				1			78				2		
29				1			79				2		
30				1			80				1		
31				1			81				1		
32				1			82				1		
33			1				83			1			
34				1			84				2		
35				1			85				2		
36				1			86			1			
37				1			87				1		
38				1			88				2		
39				1			89				2		
40				1			90			1			
41				1			91				1		
42				1			92				1		
43				1			93				2		
44			1				94				2		
45				1			95						
46				1			96				1		
47				1			97				1		
48				1			98			1			
49				1			99						
50				1			100						
TOTAL IND.			16				TOTAL IND.						
TOTAL DEP.			86				TOTAL DEP.						
TOTAL CLAIMS			102				TOTAL CLAIMS						